Vuka! Let's unite towards a TB-free world!

9th SA TB Conference
8 - 11 June 2026

Improving access to TB care for contacts of people with TB: Piloting TB Contact Cards in Khayelitsha health facilities

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TB Proof

Background

- TUTT & TPT policies (2023–2024) focus on finding missing people with TB, initiating TB treatment, and TB prevention.
- Close contacts of TB patients are prioritised as high-risk and should be tested and offered TPT if they test negative for TB.
- Shorter, more user-friendly TPT regimens have improved accessibility and uptake.
- Gaps remain: many close contacts still do not present to facilities for testing and prevention.

Challenges in Contact Tracing and the Role of the TBCC

- People diagnosed with TB are advised that close contacts are at risk and should be tested, with TPT offered if negative.
- Currently, TB patients are expected to inform their contacts, but whether or not they do so, is unpredictable.
- This results in missed opportunities for testing and prevention.

The TBCC provides a **clear, written message** to TB contacts about TB risk and what they need to do, supporting a more **structured approach to linkage to care**.

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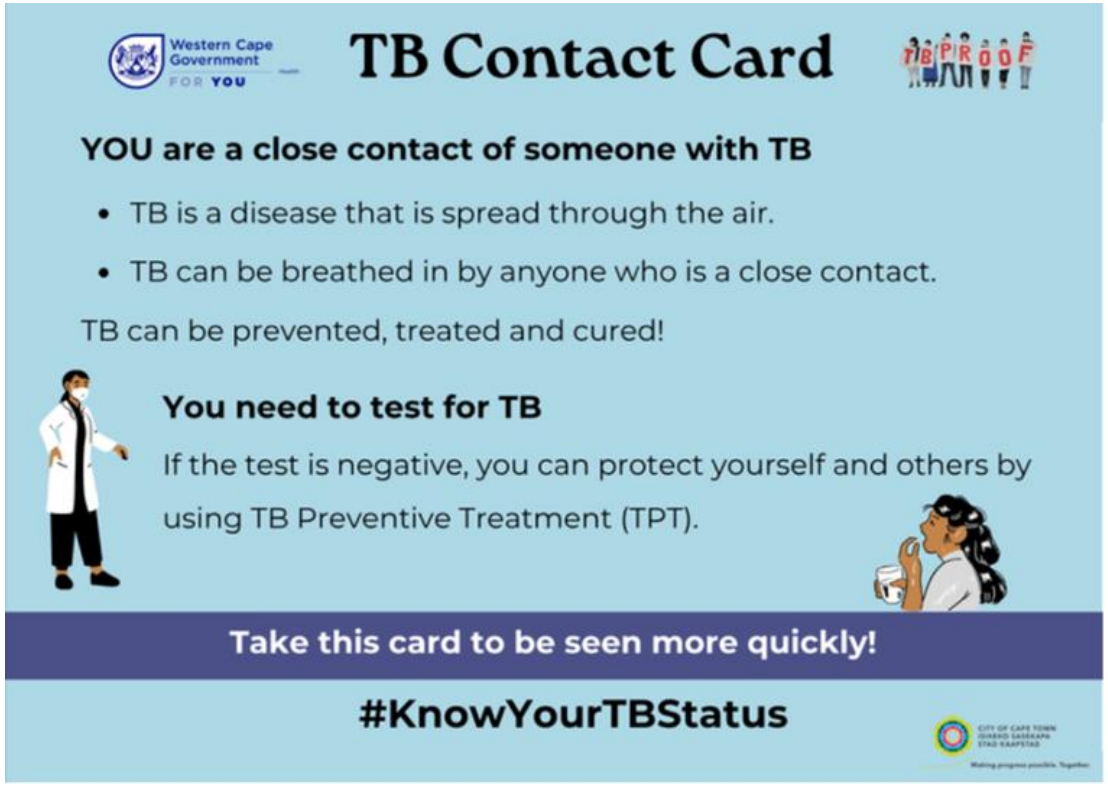
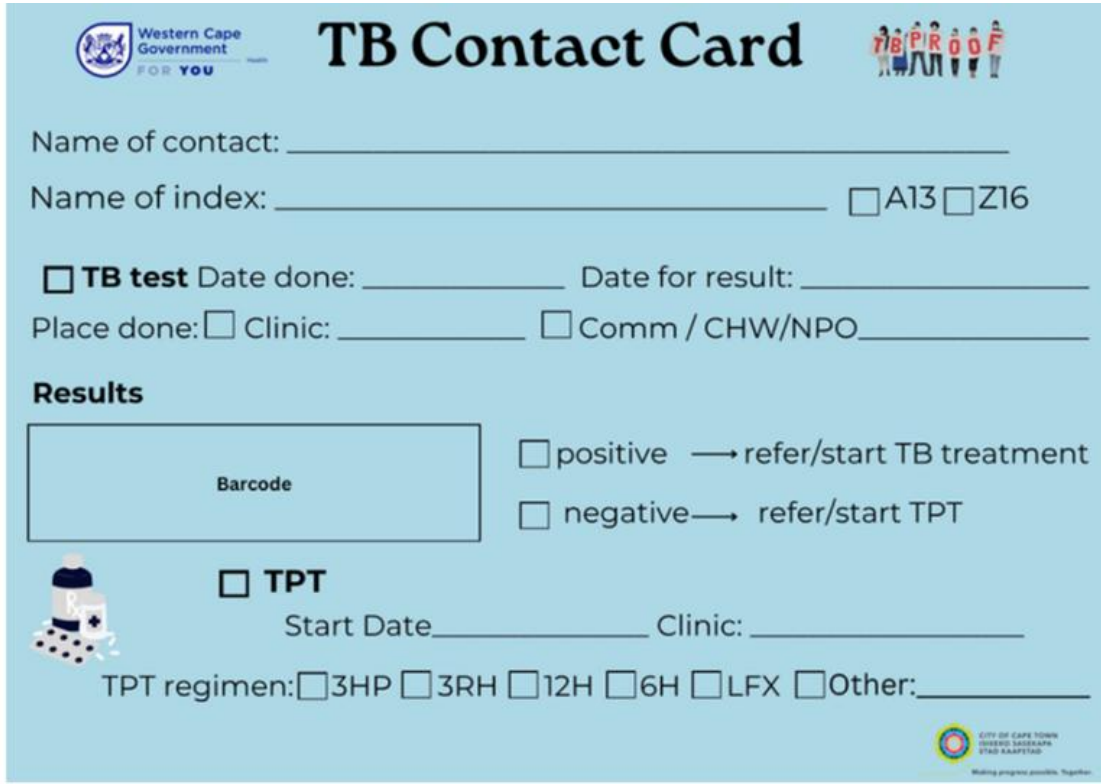
TB Contact Card Design





TBCC designed in collaboration with stakeholders, including Department of Health colleagues

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Implementation

Piloted at two facilities in Khayelitsha

- Michael Mapongwane CHC: October 2025 – February 2026
- Nolungile CHC: August 2025 – February 2026

TB Contact Cards were integrated into routine TB services during the pilot period

Results

TBCC Return Rates

Facility	TBCCs Issued	Returned	Return Rate
Michael Mapongwane CHC	735	143	19.5%
Nolungile CHC	167	13	7.8%

Results

Michael Mapongwane CHC: Key Findings

- Staff demonstrated good engagement with the TBCC process
- Documentation was generally more complete and consistent
- All returned cards included index and contact names
- Some cards included facility identification stickers for improved tracking and identification
- Majority of eligible contacts documented as receiving TPT

Results

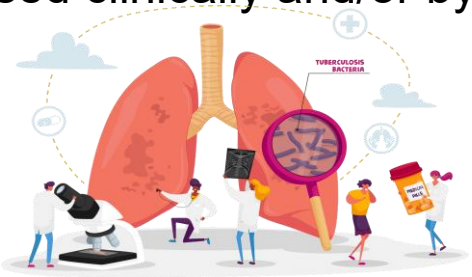
Nolungile CHC: Key Findings

- Incomplete documentation on all cards
- No TB tests documented on returned cards
- Minimal TPT documentation
- Staff reported that contacts often came to the facility **without cards**

Results

TB Testing and Outcomes- Michael Mapongwana CHC

- Number of cards returned = 143
- 107 contacts had TB sputum testing documented
- Only 3 contacts had neither TB testing nor TPT documented
- 2 contacts unable to produce sputum and without TB symptoms were initiated on 3HP
- 31 contacts without documented TB tests were likely children assessed clinically and/or by CXR
- Most child contacts were documented as receiving TPT



TB Diagnoses Identified

- 13 contacts diagnosed with TB (9% of returned cards)
- 10 diagnosed by TB sputum test
- 3 diagnosed by CXR

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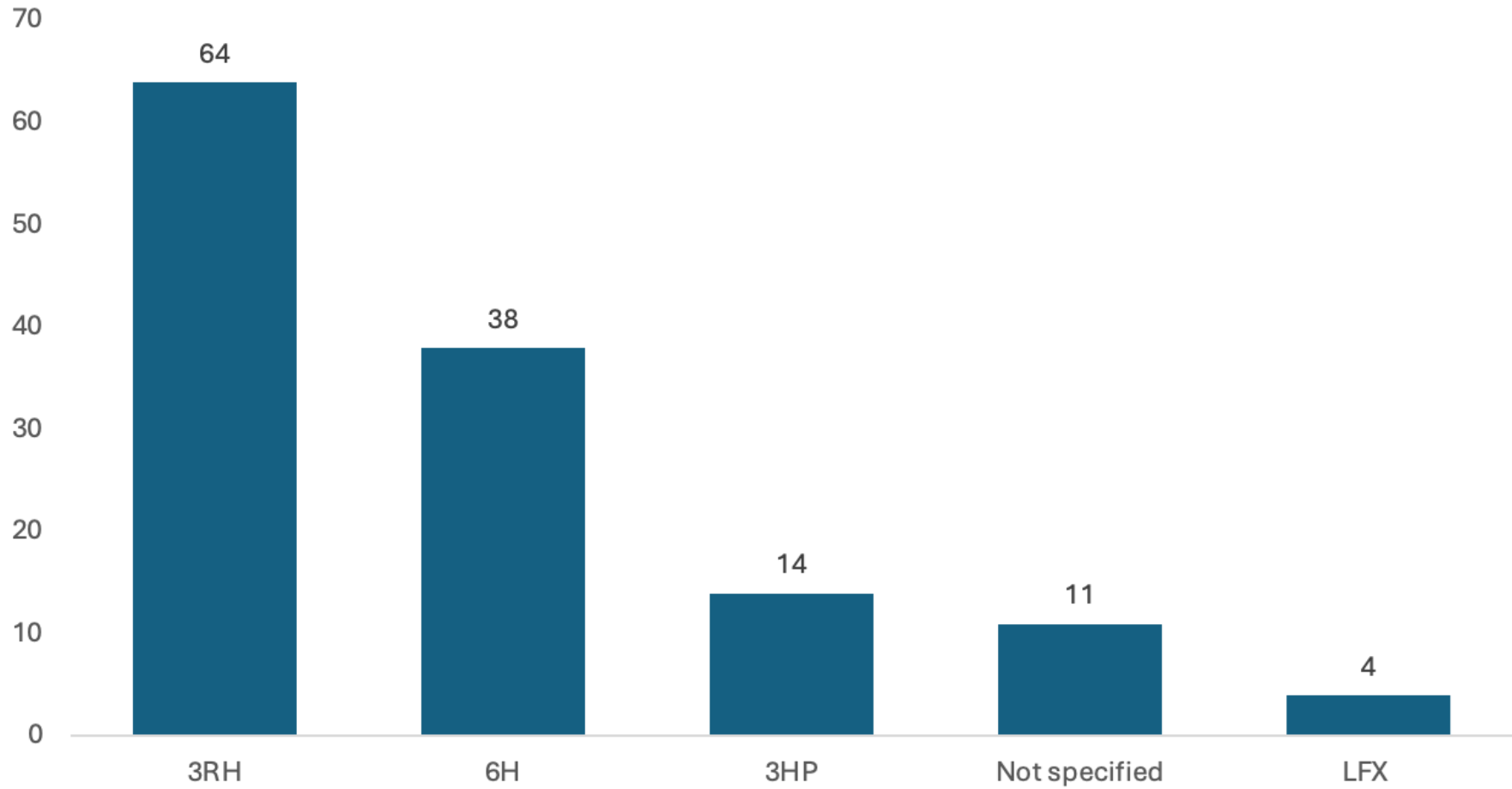
Results

TPT Regimens Provided to Contacts (Michael M and Nolungile)



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Implementation Lessons

TB room staff are willing to use a TBCC, as a tool to improve contact tracing

Staff buy-in and ownership are critical

Clear documentation practices improve monitoring of TBCCs

TBCCs may strengthen linkage to testing and TPT when actively integrated into routine workflow

Additional staff orientation and mentoring may improve uptake and card return rates

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Next Steps

Findings from the pilot informed ongoing implementation of the TBCC.

From April 2026, the TBCC intervention was scaled up across all 8 Cape Metro subdistricts.

Scale-up aims to strengthen:

- TB contact tracing
- Linkage to testing
- TPT initiation
- Documentation and follow-up practices through enhanced M&E systems

NEXT

The TBCC serves as a simple, low-cost tool to support implementation of TUTT and TPT policies in routine care.

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Thank you

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